Section 3: Background Information

The purpose of Section 3 is to provide you with some background on the importance or relevance of select questions. It is also intended to help you in planning an appropriate course of action for the woman. The information in this section is generally organized as it is on the Pregnancy Questionnaire. Please refer to Attachment 1 for a copy of the questionnaire.

Attachment 3 of this manual lists telephone numbers you may call for more information on some of the topics discussed in this section. You may also contact the Bureau of Public Health, Maternal and Child Health Section, at (608) 267-0531 for more information on any of the topics discussed.

A General Information

The Pregnancy Questionnaire is primarily nonmedical. There are medical questions, but they are limited in nature and do not represent a comprehensive physical assessment. The pregnant woman must be under the care of a physician, certified nurse midwife, or nurse practitioner. If she does not have a health care provider, help her find one immediately. If she is enrolled in a Medicaid HMO, contact the HMO's member services.

Age of the Woman

It is important that young women understand what their bodies are going through, especially if this is the first pregnancy. Teenage childbearing presents risks to both mother and child due to a variety of factors, including inadequate weight gain, poor nutrition, sexually transmitted diseases, and complications during pregnancy, labor, and delivery. Though being young is a risk factor, social class and quality of prenatal care also determine whether the woman is at high risk for a poor birth outcome. Teenage mothers are less likely to seek early prenatal care and often do not receive any prenatal care services at all.

Women who are over 40 face some additional risk for genetic/chromosomal defects and for effects of chronic disease.

Marital Status

Single women are generally considered to be at higher risk for poor birth outcomes. The Wisconsin Department of Health and Family Services (DHFS) confirmed the finding that those mothers who are unmarried have a consistently higher risk of bearing low birth weight infants than those who are married. Unmarried mothers usually have to rely on themselves more and may not have the emotional support they need.

Race/Ethnic Origin

All services delivered to the pregnant woman should be culturally competent. Cultural competence refers to a program's ability to honor and respect beliefs, interpersonal styles, attitudes, and behaviors of the woman and other family members. It is also important that information is presented to the woman in the language that she can clearly understand.

WIC Program

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Pregnant women and adolescents with nutrition-related risks and incomes below 185 percent of poverty are eligible for WIC.

provides nutrition education, special supplemental foods, and encourages use of other needed health and social services. Pregnant women and adolescents with nutrition-related risks and incomes below a certain poverty level are eligible for WIC. In general, most Medicaid eligible pregnant women are also eligible to receive WIC services. If the woman is *not* enrolled in WIC, explain the benefits of WIC and help her contact the local project. Encourage women who are enrolled in WIC to pick up food drafts and attend nutrition counseling sessions regularly.

WIC cannot provide comprehensive nutrition assessments and care. The WIC Program provides a *minimum* nutrition assessment to determine WIC eligibility, basic nutrition counseling, and at least one mid-certification contact. Please refer to Part Z, the prenatal care coordination handbook, for information on nutrition education services covered by PNCC.

Income/Employment

This information provides additional insight into her financial security and/or independence. If there is a possibility that the woman is exposed to occupational health hazards, encourage her to talk to her health care provider about it. Individual occupational hazards need to be identified and analyzed to determine appropriate intervention strategies. If the woman is employed, ask her the following questions:

- *Does your job require heavy lifting or moving?*
- *Does your job require strenuous physical activity?*
- *Are you exposed to chemicals or other substances (i.e. lead, dusts, fumes, radiation) on the job?*

Refer to Attachment 3 for more contact information.

Education

Education is an important factor in determining birth outcome. Screening for education level identifies women with a wide variety of risk factors. If the woman has less than 12 years of education, she is less likely to obtain early prenatal care, and she is more likely to have a poor birth outcome. If she has not graduated from high school, encourage her and help her make the necessary phone calls and contacts to begin her General Equivalency Diploma (GED) schooling. This will reap lifelong benefits for her and her family.

It is also important to identify women who have special learning needs who may need lower-level reading materials and information presented to them in a way they can understand. A woman might say she

WIC Definition for homeless:

A woman who lacks a fixed or regular nighttime residence or whose primary nighttime residence includes one of the following:

- A supervised publicly or privately operated shelter (includes a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodations.
- An institution that provides a temporary residence for individuals intended to be institutionalized.
- A temporary accommodation in the residence of another individual.
- A public or private place not designed for, or ordinarily used as, regular sleeping accommodation for human beings.

understands your directions but, in fact, does not understand what you mean. A clear understanding of her limitations will help you differentiate between noncomprehension and noncompliance.

Place of Residence

Information on where a woman lives will provide you with additional insights on issues regarding her economic stability, social support system, and personal safety. For example, a woman who lives in a shelter may have been threatened or physically abused at home. A woman who is homeless is at high risk for a poor pregnancy outcome due to a combination of psychosocial and medical factors, such as severe poverty, lack of a support system, and increased exposure to disease.

The WIC definition of homeless includes women who are temporarily living with friends or relatives. Living with family members or friends is still recognized as stressful even if the living arrangement is permanent and stable.

If the woman moves frequently, you may want to obtain another contact name (friend or relative) to make it easier to contact her. The presence of a social support network is important for the woman so she has a healthy baby. If the woman says a "neighbor" is a person to contact in case of an emergency, it may suggest that the woman does not have a strong support system.

B About this Pregnancy

Early prenatal care is one of the most important factors in improving birth outcomes. This section of the questionnaire provides information about the adequacy of prenatal care a woman is currently receiving and early signs of pregnancy complications. By finding out what kind of care the woman is receiving and identifying any barriers that might complicate the receipt of prenatal care, you can plan her care accordingly.

Your job is to make sure that the woman has access to early and continuous health care, if she hasn't already done so, and to address any concerns or questions she may have about prenatal care, labor, delivery, and infant care.

Early and continuous quality prenatal care remains the most effective, cost-saving way to increase birth weight and improve infant health. Prenatal care is especially important for those women at highest risk because of their social conditions and health status.

Prenatal Medical Care

For a healthy birth outcome, prenatal care is essential. Women who have inadequate prenatal care are three times more likely to have a low birth weight infant than are women who have *early* and *continuous* prenatal care.

A woman who is in her second trimester and has not seen a doctor, certified nurse midwife, or nurse practitioner is at risk for a poor birth outcome. The woman's risk increases as the pregnancy progresses without medical attention. A pregnant woman who has not received prenatal care and is in her third trimester is at *high risk* for a negative birth outcome. Also, women who abuse alcohol or other drugs are the least likely group to seek prenatal care.

Barriers to Prenatal Care Include:

- Financial problems.
- Transportation problems.
- Time Conflicts.
- Ambivalent feelings about pregnancy.
- Belief that prenatal care is not important.
- Lack of knowledge about prenatal care.

Make direct contact with a health care provider and schedule an appointment before the woman leaves your agency. If necessary, discuss with the woman how she plans to get to her prenatal visit. If the woman does not know her due date, you can help her estimate it. Refer to Attachment 4 for an Estimated Date of Delivery chart.

Once you know if a woman has received prenatal care and, if so, how many times she has seen her health care provider, you can determine if the level of care is adequate. One way to determine the adequacy of prenatal care is the Kessner Index. The index is based on which trimester the care began and the number of visits. The Kessner Index uses the following classifications:

- *Adequate:* Initiation in the first trimester with nine or more visits.
- *Intermediate:* Initiation in the first trimester with five to eight visits, or initiation in the second trimester with five or more visits.
- *Inadequate:* Initiation in the second trimester with one to four visits, or initiation in the third trimester with one or more visits.

Although the Kessner Index can quantify some aspects of prenatal care, it cannot measure the *quality* of prenatal care. Quality prenatal care must go beyond increasing the number of prenatal medical visits. The actual prenatal care content is also critical.

Multiple Births

Multiple births and premature labor are risk factors which can negatively affect the birth outcome. There are several medical complications associated with multiple gestation including the following:

- Low birth weight.
- Maternal anemia.
- Premature birth.
- Placental or umbilical cord problems.
- Pregnancy-induced hypertension.
- Baby's abnormal position in the uterus.

The serious nature of these complications further illustrates the importance of early and comprehensive prenatal care.

Signs of Early Labor

If a woman indicates that she has experienced symptoms of premature labor, the risk for premature delivery greatly increases. A woman who has experienced any of these symptoms should see a medical provider immediately.

Signs of premature labor include the following:

- Pelvic or lower abdominal pressure.
- Constant, low backache.
- Change in vaginal discharge.
- Mild abdominal cramps.
- Regular contractions or uterine tightening.
- Ruptured membranes.

Basic Information and Health Education During Pregnancy

One of the most important roles as a care coordinator is as an educator. Refer to Part Z, the prenatal care coordination services handbook, for the guidelines on providing health education.

Provide health education to women who need more time and specialized education to make changes in high-risk behaviors and lifestyles. Women who need health education often require innovative and individualized educational approaches to effectively meet their needs. The educational interventions must target high-risk medical conditions and high-risk health behaviors that can be alleviated or improved through education. Health education must be based on the woman's risk assessment and care plan.

The intent of health education is to promote behavior change in the woman's daily life that will support a healthy pregnancy and result in an improved birth outcome. Behavior and lifestyle changes resulting from health education may have long term effects on improving the health of the mother, baby, and subsequent pregnancies.

Please note:

Significant medical or psychosocial risks must be referred for appropriate treatment.

C Medical History

The more you know about the woman's medical condition, the better. This information does *not* take the place of a medical prenatal exam. A woman must be under the care of a health professional. Communicate with the woman's health care provider about pertinent medical conditions and develop a plan of care that integrates management of her medical and prenatal care needs.

Most likely a woman who had difficulty obtaining prenatal care during previous pregnancies will experience similar barriers during this pregnancy. Overall, the most important risk factors for pre-term labor include the following:

- History of previous premature birth.
- Multiple gestation.
- History of late (second trimester) miscarriage.
- Cigarette or cocaine use.

Medical Conditions

There are many medical conditions that can negatively affect birth outcome. Refer to Attachment 5 for more information about each condition listed on the Pregnancy Questionnaire.

Previous Pregnancies

Obtaining information about previous pregnancies will help you determine the amount and type of information and education that the pregnant woman may need. If this is her first pregnancy, you will need to spend more time sharing the basic information regarding normal physical and emotional changes, fetal growth and development, positive health behaviors, warning signs of premature labor and delivery, and infant care.

Women who have been pregnant before will need different information. Women with five or more previous pregnancies are considered at high risk for a poor birth outcome. The reasons for this are varied but include an increase in medical problems and additional psychosocial stressors.

Miscarriages

If two or three miscarriages occur in a row, there may be an underlying medical problem. Encourage the woman to share this information with her health care provider. Help the woman understand the signs and symptoms of a miscarriage, the importance of prenatal care, and, if necessary, refer her to grief counseling regarding the loss of the pregnancy.

Abortions

The relationship of induced abortion to subsequent pregnancies is not fully known. However, multiple abortions increase the risk for an incompetent cervix, which may result in a miscarriage or preterm delivery.

Women at particular risk for miscarriage include those who:

- Smoke.
- Drink alcohol.
- Use illicit drugs.
- Have high blood pressure.
- Have diabetes.
- Have an incompetent cervix.
- Have had multiple pregnancies.

Twins or Multiple Births

Many twin infants have low birth weights, even at full term. There is an increased risk of medical complications with multiple fetuses, such as preeclampsia, anemia, preterm labor, low birth weight, and Cesarean delivery.

Cesarean-Sections

If a woman had a previous Cesarean-section, find out why it was necessary. In the past, the type of incision used during a C-section operation required that all subsequent babies be delivered by C-section. Now, with different surgical techniques and labor management practices, many women can have a vaginal birth after a previous C-section.

Encourage the woman to talk to her health care provider about the type of delivery she can anticipate. Provide the support and information she needs as the time of delivery comes closer. If a woman needs a C-section and it is planned in advance, help her get her support network in place before she comes home. Refer the woman to a local C-section support group, if available.

Interval Between Pregnancies

The risk of having a low birth weight baby is higher when the interval between pregnancies is less than six months. A short pregnancy interval places a great demand on the woman's body, particularly if she is nursing the other child. In addition, the closeness of this pregnancy to a past pregnancy may indicate a lack of knowledge or understanding about the reproductive system and family planning.

Premature Labor

Infant size at birth is a key determinant of child health. An infant may be born small because it was born too early. The average length of pregnancy is 40 weeks. Premature infants are born before 37 weeks gestation. A history of preterm births is one of the best predictors of a subsequent preterm birth.

Interventions to reduce preterm births include the following:

- Identifying women who have had a previous preterm delivery, multiple gestation, incompetent cervix, low prepregnancy weight, or signs of preeclampsia.
- Educating health care providers about their role in identifying and treating women for preterm labor.
- Educating the woman about the risk of preterm labor and early warning signs, especially bleeding.
- Establishing a system so the woman can contact her health care provider immediately.
- Instituting a medication system, including tocolytic medications.
- Requiring bed rest and/or hospitalization during pregnancy.

Help the pregnant woman understand her medical provider's recommendations.

Fetal Death

A previous fetal or neonatal death increases the risk for the same adverse outcome in subsequent pregnancies. A stillbirth or death of a newborn can be a devastating loss for the parents. They may feel guilty and may blame themselves. A woman who has experienced perinatal loss may have mixed feelings about her current pregnancy. She may feel that the same thing will happen to this baby.

Fetal death, also known as "stillbirth," is a birth that occurs late in the pregnancy, and close to the due date, and shows no signs of life. A fetal death is reported and counted if it occurs at a minimum of 20 weeks gestation or weighs at least 350 grams.

A "neonatal death" is the death of a live-born infant at less than four weeks of age.

Birth Weight of Other Children

An infant birth weight of less than 5.5 pounds, or 2500 grams, is considered to be low. Very low birth weight babies, weighing 1500 grams or less, are at high risk for neonatal death and other health complications.

Large infants (those having a birth weight over 10 pounds) have a higher incidence of birth injuries. A large baby may be due to heredity but may also be the result of a diabetic or prediabetic mother. If diabetes is suspected, inform the woman of the signs and symptoms. Report any changes to her health care provider.

Special Care Nursery

You may be able to anticipate potential problems with this pregnancy if you know the history of previous pregnancies. Infants are placed in a special care nursery for many conditions, including:

- Blood group incompatibilities (for example, Rh factor).
- Low birth weight.
- Cardiac or gastrointestinal problems.
- Prematurity.
- Drug exposure.
- Respiratory problems.
- Low Apgar scores.

Encourage the woman to let her health care provider know if she had an infant stay for a day or more in a special care nursery.

Previous Prenatal Care

Early and continuous prenatal medical care is extremely important. Women who have inadequate prenatal care are three times more likely to have a low birth weight infant than are women who have early and continuous prenatal care.

D Alcohol, Medicines, & Other Drugs

The use of tobacco, alcohol, illicit drugs, or medications before and during pregnancy can cause serious complications. In addition to risks to the mother's health, there are many negative effects on the unborn child. This section provides information about the risks and outcomes of substance abuse on the expectant mother and the baby.

The questionnaire is designed so that the questions directly related to substance abuse pertain to the expectant mother's behavior in the three months *before* she became pregnant to encourage the woman to answer the questions honestly. No expectant mother wants to be seen as a "bad mother," and by asking questions about the time before the woman became pregnant, she may reveal patterns of abuse that must be addressed to help reduce the risk of a poor birth outcome.

Tobacco

Smoking is one of the most important and preventable determinants of low birth weight in the United States. Smoking during pregnancy increases the risk of Sudden Infant Death Syndrome (SIDS) about threefold. A baby's exposure to passive smoke by the mother, the father, or other household members increases the risk of SIDS by twofold. Smoking during pregnancy is harmful to the unborn baby in several ways including the following:

- A higher risk for intrauterine growth retardation (IUGR), which is the failure of the fetus to grow at a normal rate during gestation.
- More frequent miscarriages, premature deliveries, and stillbirths.
- Harmful effects on maternal nutrition, including lower availability of calories due to increased metabolism and the depletion of certain nutrients such as iron and vitamin B_{12}.
- Risk for premature rupture of the membranes which triggers premature labor.
- A higher risk for a reduction in birth weight ranging from 150 to 250 grams.

In addition to the harmful effects during pregnancy, infants of mothers who smoke are more likely to suffer from respiratory illnesses and are at an increased risk for SIDS.

Encourage the woman to reduce or stop smoking. When a woman is pregnant, she may be more motivated to quit than at any other time in her life, and the earlier in pregnancy a woman stops smoking, the better her chances for delivering an average-weight baby.

If a woman expresses her desire to quit smoking, direct her to the appropriate resources such as the American Cancer Society which offers a course called "Special Delivery" designed specifically for pregnant women. Refer to Attachment 3 for contact information.

Women who smoke and plan to breast-feed should follow these recommendations:

- Stop or decrease smoking to the *greatest* degree possible.
- Avoid smoking just before nursing.
- Do not smoke in the same room with the infant.

STUDIES SHOW THAT BETWEEN 21 AND 29 PERCENT OF ALL LOW BIRTH WEIGHT BABIES CAN BE ATTRIBUTED TO MATERNAL SMOKING.

Emotional support, health education, and follow-up will give the woman the skills she needs to make healthy decisions.

Alcohol

Alcohol use during pregnancy can lead to low birth weight, premature birth, fetal and neonatal death, Fetal Alcohol Effects (FAE), or Fetal Alcohol Syndrome (FAS). There are several questions which address a woman's alcohol use. It is important that you encourage the woman to seek treatment if she abuses alcohol in order to improve her health and the health of her unborn child. Refer to Attachment 6 for information about Alcohol and Other Drug Abuse (AODA) treatment for pregnant women.

T-ACE Assessment

The questions about alcohol use are structured to identify risk-drinking. Risk-drinking is defined by the amount of maternal drinking associated with harm to the fetus. These questions are known as T-ACE questions (**T**olerance, **A**nnoyed, **C**ut down, and **E**ye-opener). It is your job to convey the message that there is no *safe* level of alcohol consumption during pregnancy.

The following list outlines the main objectives of the T-ACE assessment:

- *How many drinks does it take to make you feel high?*

  T- This question indicates the woman's tolerance level regarding alcohol.

- *Have people annoyed you by criticizing your drinking?*

  A- This question examines how the woman's drinking annoys or impacts others in her life.

- *Have you ever felt you ought to cut down on your drinking?*

  C- This question helps the woman examine the role alcohol plays in her life and whether she feels that she needs to cut down her drinking.

- *Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?*

  E- This question determines if a woman is physically addicted and needs alcohol as an eye-opener.

A pregnant woman should understand that when she drinks an alcoholic beverage, the concentration of alcohol in her unborn baby's bloodstream is the *same level as her own.* Alcohol consumption at any time during the pregnancy is potentially harmful to the fetus, and timing and duration of exposure can be related to the type of damage likely to occur. The following list includes some of the harmful effects of alcohol consumption during pregnancy:

IF A PREGNANT WOMAN DRINKS ALCOHOL, THE CONCENTRATION OF ALCOHOL IN HER UNBORN BABY'S BLOODSTREAM IS THE SAME LEVEL AS HER OWN.

- *During the first trimester:* Major organs are developing and miscarriage may occur. Alcohol is toxic to the developing embryo and fetus and may cause malformations or abnormalities, including a decrease in the number of brain cells.
- *During the second trimester:* Miscarriages continue to be a risk and premature separation of the placenta is another concern.
- *During the third trimester:* Overall growth, including brain development, may be impaired and result in low birth weight and intrauterine growth retardation which affects weight, length, head, and chest circumference.

Women who use alcohol during pregnancy compromise their nutritional status. Studies have found low intakes of protein, dairy foods, cereal and bread, calcium, certain B vitamins, and vitamin D among women who consume alcohol during pregnancy.

FAS is another risk associated with alcohol consumption during pregnancy. FAS may lead to the following:

- Prenatal and postnatal growth retardation.
- Central nervous system disorders.
- Abnormal craniofacial features.

FAS is the leading preventable cause of mental retardation. Less severely affected infants who may not exhibit all of these characteristics may be categorized as having FAE.

Medicines

A pregnant woman should be informed that the use of over-the-counter and prescription medicines may be harmful to her unborn child. Often tranquilizers, sleeping pills, cold remedies, and other commonly used drugs are misused because they are taken more frequently than recommended, in larger than prescribed doses, or over a longer time than indicated. Advise a woman who is taking a prescribed medication to consult with her health care provider about treatment during pregnancy.

Illicit Drugs

Substance abuse during pregnancy increases the risk for miscarriage, bleeding problems and stillbirths. While the long term effects are not clear, the infant is more likely to be premature, have low birth weight, and have some adverse changes in neurological development.

Diseases of addiction to harmful and illegal drugs do not spontaneously halt during pregnancy. It is difficult to estimate use of these substances during pregnancy, but one estimate is that approximately 11 percent of pregnant women use heroin, methadone, amphetamines, PCP, marijuana, inhalants or cocaine. Many women are reluctant to openly discuss their drug use because of fear of criminal prosecution or termination of child custody. If

the woman does show signs of possible substance abuse, it is important that she be referred to a provider who can discuss this in a nonthreatening, therapeutic manner. Treatment for substance abuse during pregnancy is critical and women do have first priority for admission to AODA treatment programs.

If the woman has injected drugs, she is at increased risk for exposure to HIV/AIDS and Hepatitis B. Refer to Part F of this Section for more information about HIV/AIDS. Refer to Attachment 5 of this Guide for more information about Hepatitis B.

E Nutrition

Adequate nutrition is one of the most important influences on the health of pregnant women and their infants. To help women achieve optimal nutritional status, nutrition services should be available from trained health care professionals.

Every pregnant woman needs to be screened for her dietary practices, knowledge about nutrition, and her understanding of how these factors affect pregnancy outcome for both the mother and the fetus. This screening and basic information sharing should begin with her first visit and continue throughout the pregnancy. Basic nutrition information should include reinforcement of positive nutrition practices. To maximize resources, coordinate the provision of this screening and basic nutrition information with WIC program services.

In coordination with WIC Program services, provide or reinforce basic nutrition information as needed. Please refer to Part Z, the prenatal care coordination handbook, for guidelines on providing nutrition education.

For women with certain conditions and/or diseases, medical nutrition therapy is a vital component of their prenatal care. Please refer to Attachment 5 for additional information on conditions/sicknesses. If the woman has special dietary needs, she should see a therapeutic dietitian or nutrition professional. The nutrition care plan should include the following:

- Diet counseling that accommodates cultural preferences.
- Skill building regarding food purchasing.
- Preparation and meal planning.
- Behavior change interventions.

Prepregnancy Weight

Prepregnancy weight may be a better indicator of risk for poor outcomes than weight gain during the pregnancy. To determine if a woman is underweight, overweight, or obese, weight and height must be compared and evaluated. The woman and fetus are at higher risk if the woman has a prepregnancy weight of less than 20.0 or greater than 26.0 Body Mass Index (BMI). Refer to Attachment 2 to estimate the woman's BMI, to determine the relationship of body weight to height, and to assess and categorize her prepregnancy weight.

Weight During Pregnancy

Weight loss or no weight gain by the second trimester, or weight gain greater than 6.5 pounds per month greatly increases the risks for the woman and her infant. A normal weight gain rate is approximately 1 pound per week in the second and third trimester. Underweight women should gain slightly more and overweight women should gain slightly less. A sudden increase in weight after the twelfth week of pregnancy caused by fluid retention may be related to the onset of preeclampsia. Any weight loss during the second or third trimester is indicative of complications. If you are providing nutrition counseling, weigh the woman each month and plot her weight on the Prenatal Weight Gain Grid at each visit. Refer to Attachment 7 for a sample grid.

If weight gain is consistently falling below or above the recommendations, nutrition care from a dietitian is strongly recommended. Also, participation in the WIC program needs to be reassessed to ensure consistent participation and appropriate use of WIC foods. Make an immediate referral to her health care provider if you see any serious weight changes.

> MAKE IMMEDIATE REFERRAL TO HER HEALTH CARE PROVIDER IF YOU SEE ANY SERIOUS WEIGHT CHANGES.

Symptoms During Pregnancy

As a common symptom during pregnancy, it is normal for about 50 percent of pregnant women to experience vomiting during the sixth week to about the sixteenth week of pregnancy. Severe or prolonged vomiting during pregnancy may become life-threatening if it is not controlled. Any vomiting during the third trimester requires immediate referral to her health care provider.

Suggest the following if the expectant mom is having the following symptoms:

Nausea

- Eat small, frequent meals (every 2 to 3 hours) including a snack of bread or crackers at bedtime and before getting out of bed in the morning.
- Eat easily digested carbohydrates and avoid high-fat foods.

- Drink liquids (clear broth and juice) between meals.
- Avoid cooking odors and pungent smells.

Heartburn

- Eat several small meals a day.
- Drink a lot of fluids.
- Avoid greasy or highly seasoned foods, coffee, and cigarettes.
- Do not lie down after eating.
- Sleep with head slightly elevated.

Constipation

- Eat high fiber foods.
- Drink a lot of fluids.
- Chew food thoroughly.
- Exercise daily.

A history of vomiting could suggest an undiagnosed eating disorder. If the woman reports vomiting to control weight gain, warn her of the risks imposed on the fetus if she continues to do it while pregnant. It's usually not very effective to focus on the risks she is imposing on herself.

Body Image

If a woman greatly misinterprets her prepregnancy weight and body shape, she may try to resist appropriate weight gain. It is important to warn adolescents of the changes their bodies will undergo while being pregnant. If the woman has a weight phobia, remind her that it is important to eat healthy foods in order for her newborn to be healthy.

Special Diets

The use of a special diet may indicate a chronic disease or condition requiring dietary treatment, self-imposed food restrictions, or eating behaviors based on religious or cultural beliefs. Dietary factors including milk allergies, lactose intolerance, self-imposed dietary restrictions, and inappropriate use of supplements and over-the-counter medications are important to note. Special diets may be beneficial, neutral, or harmful. Nutrition and health risks may be involved.

> Further nutritional assessment is usually needed for a woman who follows a special diet, diets often for weight loss, or restricts her dietary intake for other reasons.

A woman who frequently or consistently restricts her dietary intake may have low nutrient reserves and start her pregnancy in poor nutritional health. Further nutritional assessment is usually needed for a woman who follows a special diet, diets often for weight loss, or restricts her dietary intake for other reasons. If the woman indicates she is on a special diet, ask her additional questions to learn more about her dieting behavior:

- *How long have you been on this diet?*
- *Who prescribed or recommended this diet?*

Eating Nonfood Substances (Pica)

Pica is the compulsive eating of nonfood substances having little or no food value. When pica substances replace food, inadequate intake of nutrients may result. If calorie-containing substances are eaten in large amounts, pica may contribute to excessive weight gain. Paint chips, clay, and dirt may contain lead and starch, and clay may interfere with the absorption of certain minerals like iron. In addition, dirt and clay may contain parasites. Laundry starch is not manufactured as a food product and is high in bacteria.

Encourage the woman to stop pica behaviors but be sensitive to her cultural beliefs. Substitution of an appropriate food may be a helpful suggestion. For example, a woman can freeze fruit juice to eat instead of ice. If pica behaviors are associated with possible lead ingestion, refer the woman for blood testing.

Food Supply and Resources

If the woman says she has difficulty obtaining food, ask her if she is participating in the WIC program or other food programs. If she is, find out if she has other problems that impact her ability to have an adequate supply of food.

If she is not obtaining enough food, encourage her to use food programs such as the WIC Program, Food Stamps, and food pantries.

If the woman does not have a functioning stove or refrigerator, she may need education on food purchasing, preparation, and storage. Contact your county UW-Extension office for more information.

F Relationships

Women who do not have an adequate social support system need more intensive prenatal care coordination. Your role is to convince the woman of her worth and dignity and let her know that she is valued as much as her unborn child. Tell the woman that she may refuse to answer any of the questions if they become too painful to answer. It may take several meetings before the woman feels comfortable enough to respond to such personal questions.

Emotional Response to Pregnancy

It is normal for a woman to have mixed feelings about being pregnant. It may be her first pregnancy, it may have been unplanned, she may not know how she will be able to support herself and a baby, or her partner may disapprove. If a woman answers that she is very upset, talking with her about her concerns will help you identify ways to assist her. Refer her for treatment as needed. A woman who is very upset about the pregnancy may make unhealthy decisions that can negatively affect the birth outcome.

The Partner

If the woman says that her partner does not know that she is pregnant, it may suggest that she is afraid to tell him. If the woman says that her partner is very upset about the pregnancy, her personal safety might be a concern. Pregnant women are at an increased risk of spousal or partner abuse. All pregnant women should be screened for battering during routine medical prenatal assessments.

Depression

A woman who admits to feeling depressed most or all of the time is in need of immediate attention. She may feel hopeless, incompetent, depressed, extremely isolated, suicidal, and without help and emotional support. As a result, she may turn to alcohol and other drugs in her attempt to cope with her problems. A battered woman may begin to use alcohol and other drugs as a means to cope with the violence. Your role is to help her identify her problems, develop a care plan, and provide her with some hope for the future.

A woman who admits to feeling depressed most or all of the time is in need of immediate attention.

Children in the Household

Finding out how many children are presently living in the expectant mom's household will help you understand the daily demands and responsibilities on her time at home. She may be caring for other children in addition to her own. In addition, you may learn that some of her children may live with other relatives or friends, in foster homes, or reside in other alternative home settings. This information will help you develop a workable care plan together.

Risk for HIV

HIV can be transmitted from an infected woman to her fetus during pregnancy, during labor and delivery, and through breast-feeding. If the woman is HIV positive, she can dramatically decrease the chances of transmitting the disease to her unborn child if she receives treatment as early in her pregnancy as possible. Counseling and testing only targeted to women who report high-risk behaviors may fail to identify as many as 50-70 percent of HIV-infected women. The U.S. Public Health Service, Centers for Disease Control (CDC), recommends routine HIV counseling and voluntary testing for all pregnant women. Testing should be offered in a straightforward, informative, and non-judgemental manner. If HIV status has not been confirmed by the time of birth, voluntary postpartum testing should be encouraged.

Counseling and testing only targeted to women who report high-risk behaviors may fail to identify as many as 50 to 70 percent of HIV-infected women.

Though the state statutes do not require the use of a separate HIV testing consent form, the statutes are very clear about the information which must be provided to a person so that an informed decision to consent is made. Refer to Attachment 8 for a sample form.

Family Patterns of Alcohol or Drug Abuse

A partner who has an alcohol or drug problem creates a home environment that is unstable, unpredictable, and potentially violent. News of an unexpected pregnancy may prompt the partner to turn to alcohol or other drugs as a way to escape from the additional responsibility. A

woman who abuses substances may find it even harder to stop using or cut back considerably if her partner uses heavily. If the woman is keeping the pregnancy a secret, she may continue using alcohol and other drugs or "partying" with him.

The presence of alcohol and other drugs tends to increase the likelihood of domestic violence. Research shows that alcohol is present as a factor in a significant number of battering cases reported to police and woman's shelters. Battering situations that involve alcohol tend to be more serious. Most abusers are multiple drug users, supplementing their primary drug of choice with alcohol. Refer to page 23 of this section for more information about the effects of alcohol use during pregnancy.

Other Family Members

The behavior of anyone in the home environment will have an impact on everyone in the household. Relatives tend to keep the substance abuse a secret in an effort to "protect" the user and to bring security to an extremely insecure situation.

Be particularly attentive if the pregnant woman is an adolescent and identifies one or both of her parents or primary caregivers with an alcohol or drug problem. Blame, fear, and shame can pressure the woman to keep the secret. The connection between substance abuse and child abuse has been established.

Abuse to the Woman

Abuse to women is found in all social, economic, ethnic, and racial groups. Battering often begins or escalates during pregnancy. Those women who are abused are twice as likely as women who are not abused to delay prenatal care. The risk of battering is greatest to a woman who:

- Has a higher occupation and educational status than her partner.
- Has a partner who is unemployed or consistently underemployed.
- Is physically isolated (rural residence).
- Is alienated from her family and friends.
- Has a language difference.
- Has physical limitations.

Child Abuse and Neglect

Child abuse and neglect (that occurs to children under 18 years of age) includes physical injury, sexual intercourse or sexual contact, emotional abuse, and neglect for reasons other than poverty to provide necessary care, food, clothing, medical care, dental care, or shelter. Refer to Attachment 9 for a copy of Section 49.981 of the Wisconsin Child Abuse Neglect Act.

Child Sexual Abuse

Child sexual abuse is defined as contact or interaction between a child and an adult when the child is being used for the sexual stimulation of the offender or another person. Wisconsin Statutes define "child" for legal purposes as any person under the age of 16 in sexual assault cases and under the age of 18 in fornication, enticement, sexual gratification, and pornography offenses. Incest is the sexual activity or sexual contact between family members such as brother and sister, father and daughter, mother and son, daughter and son and stepfather, etc.

Domestic Abuse

Domestic abuse is a pattern of physical, sexual and/or emotional abusive behavior (known as battering) that occurs between an adult person against his or her spouse or former spouse, against an adult with whom the person resides or formerly resided, or against an adult with whom the person has created a child. Most often domestic violence starts as an intimate relationship. Refer to Attachment 10 for information about the Domestic Violence Statutes. Refer to Attachment 11 for a list of Wisconsin Domestic Abuse Programs.

> Those women who are abused are twice as likely as nonabused women to delay prenatal care.

Sexual Assault or Rape

This includes all forms of sexual victimization, including forcible rape, attempted rape, and other acts of unwanted sexual aggression.

The Wisconsin Child Abuse Neglect Act, Section 49.981, lists individuals who are required to report any suspected abuse or neglect or a belief that abuse or neglect will occur. It also explains the circumstances under which a health care provider is not required to report.

Forced Sexual Contact

Most often children are sexually abused by adults they already know and trust, who often are members of their families, or close friends. Female incest victims tend to have a higher rate of alcohol and drug use because of low self-esteem, unresolved anger, and feelings of helplessness and hopelessness.

If other members of the woman's family have been sexually assaulted or abused, it is important for her to talk about it. This information may give you some insight into the woman's everyday life, social support network, and home environment.

If the woman fears anyone, including her partner, will abuse her, she is in need of immediate assistance. She will not admit to this unless she is truly scared.

Guns in the Home

Inform the woman of the dangers of handguns in the home and encourage her to keep any guns in the home unloaded. Handgun owners are more likely to keep their guns loaded and fire their guns after drugs or alcohol are consumed. Explain to the woman that guns should be kept out of the reach and sight of children because they are too young to really understand the lethal potential of firearms.

Social Support

The perception of an individuals' social support system may, under certain circumstances, protect that individual from a variety of negative stressors. It is important for the woman to have at least one close contact to provide her with stable care and attention.

Mothers who report more social support bond with their children more readily and provide a more stimulating home environment.

When the woman tells you who she talks to, it will also lead to how she deals with her problems. Sharing this information with you will allow you to understand her strengths and develop a realistic care plan with her.

G Worries

The woman may have additional worries or concerns that the questionnaire does not cover. The end of the questionnaire allows you to go over subjects the expectant mom needs more information about and allows you both to get to know each other better.

Transportation

One major barrier for obtaining prenatal care, especially for those women who live in rural areas, is transportation. Assist the woman in arranging transportation if she does not have access to services. Transportation to Medicaid-covered services may be paid by Wisconsin Medicaid. Refer to Part Z, the prenatal care coordination services handbook, for more information.